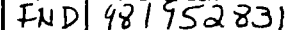




282869

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
		01 STATE	02 SITE NUMBER
		IND	981952831
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER	
North Manchester Foundry, Inc.		103 S. Market Street	
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY
North Manchester	IN	46992	Wabash
09 COORDINATES	LATITUDE	LONGITUDE	
	40° 59' 50" N	085° 47' 00" W	N. Manchester Quad.
10 DIRECTIONS TO SITE (Starting from nearest public road)			
SR 13 N to Main Street turn west. Just south of main after turning west.			
III. RESPONSIBLE PARTIES			
01 OWNER (If known)		02 STREET (Business, mailing, residential)	
North Manchester Foundry, Inc.		103 South Market Street	
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
North Manchester	IN	46992	(219) 982-2191
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)	
Same			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
			()
13 TYPE OF OWNERSHIP (Check one)			
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)			
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION		BY (Check all that apply)	
<input checked="" type="checkbox"/> YES DATE <u>7</u> / <u>12</u> / <u>83</u> MONTH DAY YEAR <input type="checkbox"/> NO		<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: <u>RCRA</u> (Specify)	
CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one)		03 YEARS OF OPERATION	
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		<u>1916</u> <u>present</u> <input type="checkbox"/> UNKNOWN BEGINNING YEAR ENDING YEAR	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED			
heavy metals (toxic, persistent) organics (toxic, other) waste oil (toxics, other)			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION			
groundwater (population) surface water (environment)			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input type="checkbox"/> A. HIGH (Inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT		02 OF (Agency/Organization)	
Harry Atkinson <i>HA</i>		IDEM/SHWM	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION
Mary Anne Hunter <i>MAH</i>		IDEM	SHWM
		07 TELEPHONE NUMBER	08 DATE
		617-232-8928	<u>1</u> / <u>5</u> / <u>87</u> MONTH DAY YEAR





POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IND 981952831

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☒ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Site is probably not well vegetated.

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

None known

01 ☒ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

None known. Nearest farmlands are probably adjacent to the site to the west and south across the river.

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES
(Soils, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: 7000

04 NARRATIVE DESCRIPTION

No known containment

01 ☒ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Unknown

01 ☒ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown. Foundry is hooked up to the the sewer system.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Dumping not authorized. In violation of state law from inception of solid waste rules till 1984.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None known

III. TOTAL POPULATION POTENTIALLY AFFECTED: 7000

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

See part 2 VI



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE

02 SITE NUMBER

IND

981952831

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 6133

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Nearest well either belongs to North Manchester foundry or is directly SE of the fill site near the river. N. Manchester has 6000 persons & Manchester College. Shallow flow is probably towards the river. There are gravel pits within 3 mile radius voiding any continuous clay layer theories.

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Site adjoins Eil river, a recreational use stream in this area. Unknown if levers are present or if there is leaching into the river of metals, etc.

01 ☒ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: 7000

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

None known from the fill site. Fugitive emissions of dust possibly laden with metals is possible.

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: 0

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None known from the fill site

01 ☒ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Unknown if site(s) are fenced. See C above.

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: probably 100 +
(Acres)

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Other areas have also had sand dumped on it, nearby and on private properties. Fill is to an unknown depth.

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 6133

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Static water levels are 0 (flowing well) to 34 feet. Some clay exists. Most wells are probably in gravel. Gravel depths extends 160 feet in depth. Most rural areas are probably on their own wells. One well is noted as being for irrigation-unknown of acres.

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: 100-200

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

None known. Not considered to be a problem by the company.

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: 7000

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Aee A, B, C, E, F, G, H.

CERCLIS EXECUTIVE SUMMARY

EPA ID# IND WINDSHIELD SURVEY YES X NO

Original Company Name: North Manchester Foundry

Revised Company Name: _____

Alias Names: _____

Original X Address: 103 S. Market Street

Corrected _____ North Manchester, IN 46992

Wabash County

X Landfill _____ Generator _____ Treatment, Storage, Disposal (TSD)

_____ Transporter _____ Other: _____

PRIORITY ASSESSMENT: _____ HIGH X MEDIUM _____ LOW _____ NO FURTHER ACTION (NONE)

CLASS:

_____ I-STATE LEAD X II-REM/FIT LEAD _____ III-REM/FIT LEAD _____ IV OTHER:

State Accompanies Limited On-site

FIT State Involvement

=====

Priority Justification and State Comments Regarding:

X PA _____ SI _____ Follow-up SI _____ RPS _____ HRS

North Manchester has operated at least one on-site waste disposal area for 70 years. No known containment or priority pollutant testing has been done. EP Tox testing is the only analysis that has been done. Company probably uses organic binders and other chemicals. Testing of nearest wells, various parts of the fill site, sediment samples in the Eel River are needed as well as background samples. Note fill areas are upstream along river. It is unknown if this area also belongs to the foundry. State recommends a medium priority site inspection.

Note: Composite file for PA is in State CERCLA File.

STATE INVOLVEMENT

C Preliminary Assessments R Site Inspection R follow-up Site Inspection

R Responsible Party Search R Hazard Ranking System (HRS)

* COMPLETE DOCUMENTS (C) REVIEW DOCUMENTS (R)

Prepared by: Mary Anne Hunter *MAH*
Activity Time: 37 Hours

Phone: (317) 232-8928 Date: 1/5/86



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) North Manchester Foundry, Inc.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 103 S. Market Street			
03 CITY North Manchester	04 STATE IN	05 ZIP CODE 46992	06 COUNTY Wabash	07 COUNTY CODE 169	08 CONG DIST 05
09 COORDINATES LATITUDE 40° 59' 50" N		LONGITUDE 085° 47' 00" W		N. Manchester Quad.	
10 DIRECTIONS TO SITE (Starting from nearest public road) SR 13 N to Main Street turn west. Just south of main after turning west.					

III. RESPONSIBLE PARTIES

01 OWNER (if known) North Manchester Foundry, Inc.		02 STREET (Business, mailing, residential) 103 South Market Street			
03 CITY North Manchester	04 STATE IN	05 ZIP CODE 46992	06 TELEPHONE NUMBER (219) 982-2191	Walt Linn	
07 OPERATOR (if known and different from owner) same		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ <input checked="" type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

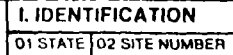
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 7 / 12 / 83 <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE RCRA <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR 1916 ENDING YEAR present <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED heavy metals (toxic, persistent) organics (toxic, other) waste oil (toxics, other)					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION groundwater (population) surface water (environment)					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspection on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
---	--	--	--

VI. INFORMATION AVAILABLE FROM

01 CONTACT Harry Atkinson		02 OF (Agency, Organization) IDEM/SHWM		03 TELEPHONE NUMBER (317) 232-8927	
04 PERSON RESPONSIBLE FOR ASSESSMENT Mary Anne Hunter		05 AGENCY IDEM	06 ORGANIZATION SHWM	07 TELEPHONE NUMBER (317) 232-8928	08 DATE 1 / 5 / 87 MONTH DAY YEAR





POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 6133

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

Nearest well either belongs to North Manchester foundry or is directly SE of the fill site near the river. N. Manchester has 6000 persons & Manchester College. Shallow flow is probably towards the river. There are gravel pits within 3 mile radius voiding any continuous clay layer theories.

01 ☐ E. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

Site adjoins Eil river, a recreational use stream in this area. Unknown if levers are present or if there is leaching into the river of metals, etc.

01 ☒ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: 7000

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

None known from the fill site. Fugitive emissions of dust possibly laden with metals is possible.

01 ☒ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: 0

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

None known from the fill site

01 ☒ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

Unknown if site(s) are fenced. See C above.

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: probably 100 +
(Acres)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

Other areas have also had sand dumped on it, nearby and on private properties. Fill is to an unknown depth.

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 6133

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

Static water levels are 0 (flowing well) to 34 feet. Some clay exists. Most wells are probably in gravel. Gravel depths extends 160 feet in depth. Most rural areas are probably on their own wells. One well is noted as being for irrigation-unknown number of acres.

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: 100-200

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

None known. Not considered to be a problem by the company.

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: 7000

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

See A, B, C, E, F, G, H.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☒ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Site is probably not well vegetated.

01 ☐ K. DAMAGE TO FAUNA

04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

None known

01 ☒ L. CONTAMINATION OF FOOD CHAIN

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

None known. Nearest farmlands are probably adjacent to the site to the west and south across the river.

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES

(Spills, runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: 7000

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

No known containment

01 ☒ N. DAMAGE TO OFFSITE PROPERTY

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Unknown

01 ☒ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown. Foundry is hooked up to the the sewer system.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Dumping not authorized. In violation of state law from inception of solid waste rules till 1984.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None known

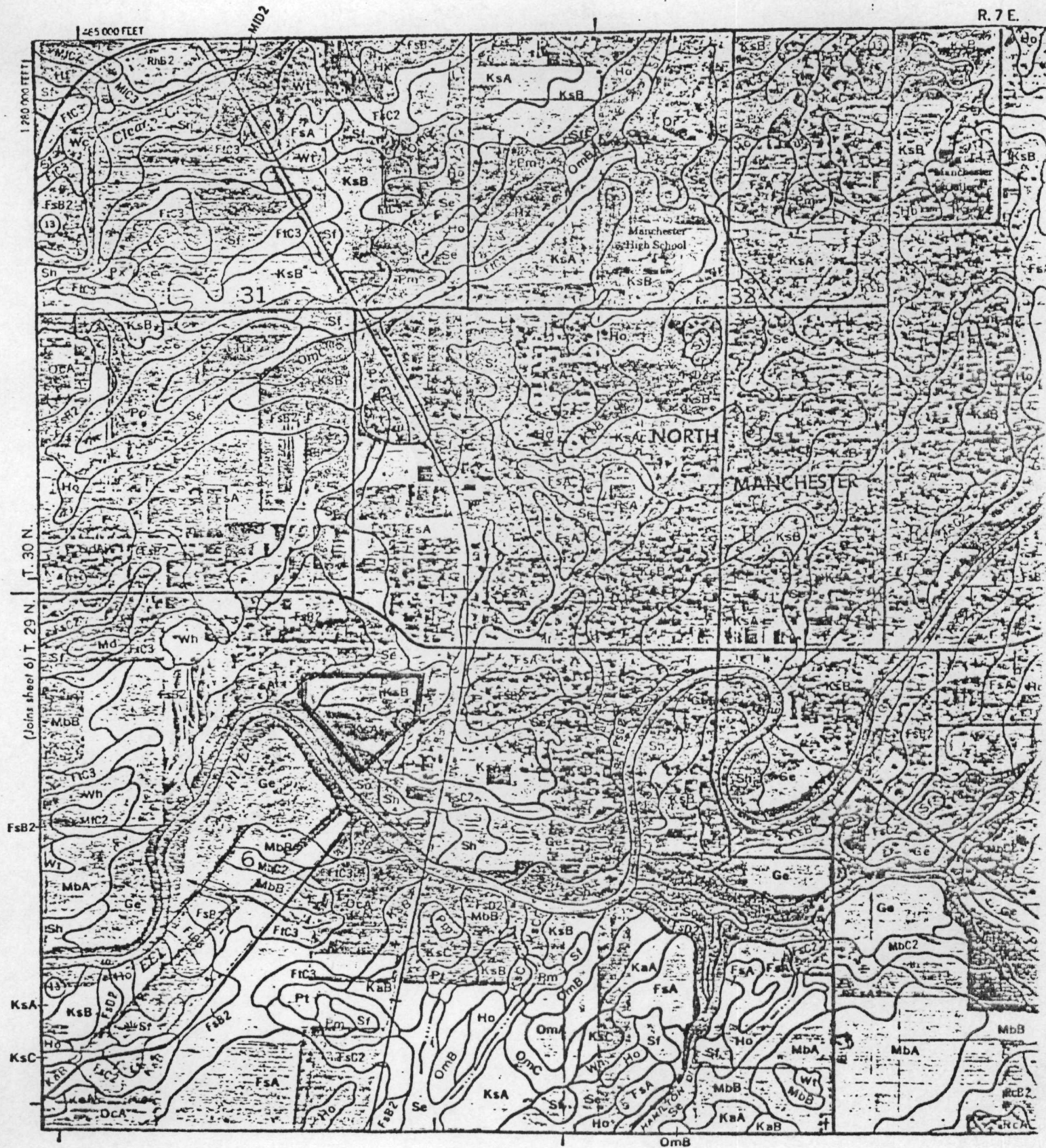
III. TOTAL POPULATION POTENTIALLY AFFECTED: 7000

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

See part 2 VI

R. 7 E.



G-2B

ENCLOSURE B

NORTH MANCHESTER FOUNDRY WASTE
EP WATER TEST RESULTS ON COMPOSITE OF PLANT WASTE

Parameter	RESULTS
Alkalinity, Total at pH 4.5 (mg/l as CaCO_3)	24
Ammonia Nitrogen (mg/l as N)	4.29
Arsenic (mg/l)	0.002
Barium (mg/l)	< 0.2
Cadmium (mg/l)	< 0.01
Chloride (mg/l)	5.3
COD (mg/l)	4.0
Copper (mg/l)	< 0.02
Chromium, Total (mg/l)	< 0.05
Fluoride (mg/l)	0.92
Hardness, Total (mg/l)	8.0
Iron (mg/l)	< 0.03
Lead (mg/l)	< 0.005
Manganese (mg/l)	< 0.01
Mercury (mg/l)	< 0.0002
Nickel (mg/l)	< 0.04
Nitrate Nitrogen (mg/l as N)	0.94
Phenols (mg/l)	0.55
Total Dissolved Solids (mg/l)	174
Selenium(mg/l)	< 0.001
Silver (mg/l)	< 0.02
Sulfate (mg/l)	53.4
Zinc (mg/l)	0.01
pH (pH Units)	9.9



000553

CERCLIS EXECUTIVE SUMMARY

EPA ID# IND 9819.52831

WINDSHIELD SURVEY ☐ YES ☒ NO

Original Company Name: North Manchester Foundry

Revised Company Name: _____

Alias Names: _____

Original ☒ Address: 103 S. Market Street
Corrected ☐ North Manchester, IN 46992
Wabash County

☒ Landfill ☐ Generator ☐ Treatment, Storage, Disposal (TSD)
☐ Transporter ☐ Other: _____

PRIORITY ASSESSMENT: ☐ HIGH ☒ MEDIUM ☐ LOW ☐ NO FURTHER ACTION (NONE)

CLASS:

☐ I-STATE LEAD ☒ II-REM/FIT LEAD ☐ III-REM/FIT LEAD ☐ IV OTHER:
State Accompanies Limited On-site
FIT State Involvement

Priority Justification and State Comments Regarding:

☒ PA ☐ SI ☐ Follow-up SI ☐ RPS ☐ HRS

North Manchester has operated at least one on-site waste disposal area for 70 years. No known containment or priority pollutant testing has been done. EP Tox testing is the only analysis that has been done. Company probably uses organic binders and other chemicals. Testing of nearest wells, various parts of the fill site, sediment samples in the Eel River are needed as well as background samples. Note fill areas are upstream along river. It is unknown if this area also belongs to the foundry. State recommends a medium priority site inspection.

Note: Composite file for PA is in State CERCLA File.

STATE INVOLVEMENT

☒ Preliminary Assessments ☒ Site Inspection ☒ follow-up Site Inspection
☒ Responsible Party Search ☒ Hazard Ranking System (HRS)

* COMPLETE DOCUMENTS (C) REVIEW DOCUMENTS (R)

Prepared by: Mary Anne Hunter
Activity Time: 37 Hours

Phone: (317) 232-8928 Date: 1/5/86